

**MEDICAL DIRECTION COMMISSION  
MINUTES  
January 25, 2002  
1647 E. Morten, Training Room**

**Members Present:** Dr. Garth Gemar (Chairman), Dr. John Raife, Dr. James McLaughlin, Dr. Wendy Ann Lucid, Dr. Robert Vavrick, Dr. Peter Vann, and Dr. Barry Kriegsfield.

**Members Absent:** Dr. Harvey Meislin, Dr. Frank Walter, and Dr. Michael Ward.

**Ex-Officio Members Present:** Dr. Kay Lewis and Dr. Richard Thomas.

**Guests Present:** Holly Gibeaut, Mark Venuti, Dr. John Gallagher, Terry Mason, Janine Anderson, Paul McDonough, Brian Smith, Dr. Toni Brophy, Dr. Phillip Richemont, Kevin Keeley, and Ed Neville.

**BEMS Staff Present:** Dona Marie Markley, Susan Nicolas, Peggy Lahren, Dr. Judi Crume, Karen Nelson, and Donna Meyer.

**I. CALL TO ORDER**

The Chairman, Dr. Gemar, called a regular meeting of the Medical Direction Commission to order at 1:10 p.m. A quorum was present.

A motion was made by Dr. Kriegsfield seconded by Dr. McLaughlin to accept the agenda with revisions. Motion carried.

**II. DISCUSS/AMEND and/or APPROVAL OF MINUTES**

A motion was made by Dr. Vann, seconded by Dr. McLaughlin to approve the minutes of June 22, 2002 with one correction:

Page 3 – VI A. – line 4 and line 8 – 1.5 mg should read 1.5 mg/kg

Motion carried.

**III. REPORT FROM THE OFFICE OF THE DIRECTOR**

Judi Crume, Chief, Bureau of Emergency Medical Services, addressed the Commission.

- EMS has not been affected by the budget cuts to date
- A revised Comprehensive EMS/Trauma System Plan has been created and submitted to the Director
- Review plan and provide comments by February 15, 2002
- The Trauma Plan will be on the website by Monday, January 28, 2002

**IV. CHAIRMAN'S REPORT**

**A. Introduction of New Bureau Chief: Judi Crume, RN PhD**

Dr. Gemar introduced Judi Crume to the Commission.

**B. Committee Membership Updates**

- Presented certificates of appointments to Dr. Raife and Dr. Lucid
- Due to the resignation of Dr. Marc Levison we now have one vacancy
- In the process of filling the “Emergency Physician W/Full Time Practice Based in Rural Area” category with Dr. Phillip Richemont

Discussion ensued regarding mark I kits for organophosphate.

- Suggested taking this up as an option when the Hazmat protocol is finalized

**Follow up: Mark I — Next Agenda PMD – February 21, 2002**

**Delegate: Dr. Thomas**

**V. RULES STATUS UPDATE**

- A. New Rule: R9-25-806** – There is a new rule that quantifies how pilot projects will be presented and this will be in the administrative code.

**VI. OLD BUSINESS**

**A. Sternal IO Infusion Curriculum**

A motion was made by Dr. Vavrick, seconded by Dr. McLaughlin to approve the Sternal IO Infusion Curriculum.

Motion carried.

Discussion ensued regarding the removers for the Sternal IO Infusion:

- Sternal IO remover is to be taped to the patient
- Not knowing how to use the removers or not having enough removers
- Suggested ordering extra removers
- If you don’t have the remover it can easily be removed with a scalpel

**VII. NEW BUSINESS**

**A. Widespread availability of Hazmat Medic Training**

In preparation for the next Education Committee meeting several people are comparing the new curriculum and the hazmat curriculum to see if they match, cover, supercede or understate each other. When the process is completed there will be a recommendation made.

**Follow up: Next Education Agenda – February 22, 2002**

**Item: Hazmat Medic Training**

**B. Open Meeting Law** – Holly Gibeau, Assistant Attorney General, gave a brief overview of the open meeting laws.

- Open meeting law applies to all three statutory committees and its subcommittees
- A quorum of members meeting in a technologic manner such as e-mail violates open meeting laws

- The chair decides whether the public will be involved in the meeting
- The public may not vote
- Executive Sessions are brought together for legal issues
- Agenda needs to be specific enough so that the public knows what you are going to talk about
- If the agenda doesn't say that it will be voted on you may not vote on it at the meeting
- If it is not on the agenda it may not be discussed
- Work groups do not constitute a public meeting
- Call to the Public gives the public a chance to introduce to anything they want
  - The chairman may limit the time
  - Criticism may be addressed by the commission
  - Staff may be asked to review a matter
  - May ask that the matter be put on a future agenda

**C. Versed: Possible Addition to ALS Drug Boxes**

Discussion ensued regarding limited available supply of diazepam.

- Baxter, the manufacturer, is no longer making the drug
- Pharmacies are not able to project when supplies of diazepam will be available

After a drug is approved at this committee it needs:

- Approval of the Director
- Rules Analyst to start the legal process

Kino Community Hospital has no diazepam so they will not be able to stock paramedic drug boxes.

It was determined through discussion to have another anti-convulsant available in the drug box.

A motion was made by Dr. Mc Laughlin, seconded by Dr. Vavrick to add Versed to the ALS Drug Boxes.

A motion was made by Dr. Kriegsfield, seconded by Dr. McLaughlin to make Versed an optional drug.

There was a recommended need for clarification that Versed be utilized for pediatrics for agitation only.

A motion was made by Dr. Lucid, seconded by Dr. Vavrick to remove the word "anti-convulsant" as an Indications and Field Use in the Versed drug profile.  
Motion carried.

A motion was made by Dr. Vavrick, seconded by Dr. Kriegsfield to add "Induction for intubation" under Indications and Field Use in the Versed drug profile.  
Motion carried.

Discussion ensued on the shortage of Diazepam as a sedative agent for seizures.

**Follow up: Next Agenda – PMD – February 21, 2002**  
**Item: Alternative to Diazepam for seizures (anti-convulsant)**

A motion was made by Dr. Vavrck, seconded by Dr. McLaughlin to add “Relative Contraindication” under Contraindications before Acute alcohol intoxication.

Motion carried.

A motion was made by Dr. Kriegsfield, seconded by Dr. Vavrck to add “Relative Contraindication” under Contraindications before myasthenia gravis or other neuromuscular disorders.

Motion carried.

A motion was made by Dr. Vavrck, seconded by Dr. Vann under Adult Dosage: Total Dose change to read “Should not exceed 20 mg”.

Motion carried.

A motion was made by Dr. Vavrck, seconded by Dr. Kriegsfield to strike out the three lines under For emergency intubation: and replace with “0.1 – 0.3 mg/kg limit dose of 20mg/kg”.

Correction to Pediatric Dosage: Patients over 6 months of age: Should read “Patients Under 6 months of age:”

A motion was made by Dr. Lucid, seconded by Dr. Vavrck to take the Pediatric Dosage out of this protocol.

Motion carried.

**Follow Up: Next Agenda MDC**  
**Item: Pediatric Dosage for Versed Drug Profile**

Change Adult Dosage should read “ Patients 14 – 60 years of age”

Under Arizona Drug Box Supply Range change 2 vials to “4vials” to conform.

A motion was made by Dr. Lucid, seconded by Dr. Vavrck that the Medical Direction Commission accept Versed as a temporary drug profile and that it should be revisited. Versed will be used as an optional agent on the drug box. The amended version of the drug profile will go before the Director.

Motion carried.

**D. Addition of Amiodarone to paramedic transport drug list**

A motion was made by Dr. McLaughlin, seconded by Dr. Vavrick to approve Amiodarone be added to the transport Drug List for EMT-Is and Paramedics.

Discussion ensued that not all EMT-Is are trained in cardiac.

**Follow Up: Next Agenda Education – February 22, 2002**  
**Item: EMT-Is are not all trained in cardiac**

A friendly amendment was accepted by Dr. McLaughlin and Dr. Vavrick to remove EMT-Is from the Transport Drug list and just have the Paramedic Transport list. Motion carried.

**Follow Up: Future Agenda MDC**  
**Item: Amiodarone not on transport list for EMT-Is (EMTs not all trained at the same level)**

**E. Amiodarone Drug Profile**

A motion was made by Dr. Lucid, seconded by Dr. McLaughlin to approve that the following statement be added to the Amiodarone Drug Profile under Incompatibilities/Drug Interactions:

Should read: Beta blockers, calcium channel blockers, and other antiarrhythmics are additive and can be Proarrhythmic when given in combination with Amiodarone due to similar mechanisms of action. Motion carried.

A motion was made by Dr. Vavrick, seconded by Dr. Lucid to change Adult Dosage For maintenance infusion post resuscitation to read: After successful defibrillation, follow with up to 1 mg/min IV for 6 hours, then up to 0.50 mg/min IV infusion for 18 hours.

Motion to accept the amended Drug Profile. Motion carried.

**F. EMT-B's to be allowed to carry aspirin**

**Follow up: Next Agenda PMD – February 21, 2002**  
**Item: EMT-B's to be allowed to carry aspirin**

Discussion ensued whether this is included in the existing curriculum or if it would need to be revised. Is this an extension of their scope of practice? If it's determined that a basic EMT may carry or administer aspirin it may need to be added to the curriculum and then there would need to be rule changes.

A motion was made by Dr. Raife, seconded by Dr. Lucid that we proceed by whatever means to develop a method to allow EMT Basics to carry and administer aspirin. Motion carried.

**Follow up: Next Agenda Education – February 22, 2002**  
**Item: EMT-Bs to be allowed to carry aspirin**

**G. Delete Oxytocin (Pitocin) from the Paramedic and EMT-I Drug Boxes from the Interfacility Transport Drug Box**

A motion was made by Dr. Lucid, seconded by Dr. Raife to approve Oxytocin (Pitocin) as an optional agent in the drug box.

Motion carried.

**H. Possible Draft legislation from an EMT allowing EMT-Basics to carry and administer epinephrine**

This issue had previously been discussed and the advisory body to the Director felt that it was not needed at this time. Dr. Gemar will find out if there actually is legislation to Carry and Administer Epinephrine.

**I. Drop Category “State Board of Pharmacy Representative” from PMD membership roster and add new category “Pediatric Emergency Medicine”**

A motion was made by Dr. Vavrick, seconded by Dr. Lucid to drop the category “State Board of Pharmacy Representative” from PMD membership roster and add new category “Healthcare Provider with interest in Pediatric Emergency Medicine”. Motion carried.

**J. Meeting Schedule for 2002 – Informational only**

**VIII. COMMITTEE REPORTS**

**A. Protocols, Medications, and Devices Committee** – The committee did not meet.

**IX. CALL TO THE PUBLIC**

Dr. John Gallagher requested that use of Nasal Narcan be on the next MDC agenda and a requirement in the RSI Pilot Project requiring 2 years experience be reduced to 1 year. Presented information from other studies on the success of using Naloxone Intranasally.

**Follow up: Next Agenda MDC – April 26, 2002**

**Item: Nasal Narcan – RSI Pilot Project – Discussion/Decision**

Discussion ensued that the curriculum states that paramedics need to be certified in the State of Arizona for two years. This disqualifies a lot of qualified medics. This may be influencing the study.

**X. NEXT MEETING**

The next regular meeting of the Medical Direction Commission is scheduled for April 26, 2002.

Please give 72 hours notice if you will not be able to attend the next meeting.

**XI. ADJOURNMENT**

A motion was made and seconded to adjourn the meeting at 3:40 p.m.

Motion carried.

Approved by: MDC on 4/26/02